Best Available Copy

PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

638417

<u> </u>		<u> </u>		······································						
CLAIMS AS FILED - PART I (Column 1) (Column 2)					SMALL TYPE	ENTITY	OR	OTHER THAN OR SMALL ENTITY		
FG)R	NUMBE	R FILED	FILED NUMBER		RATE	FEE		RATE	FEE
ВА	SIC FEE						345.00	OR	State .	690.00 [°]
тс	TAL CLAIMS	44	minus	20= - 24		X\$ 9=		OR	X\$18=	472
INDEPENDENT CLAIMS 9 minus 3 = * 6					X39=		OR	X78=	46°.	
MULTIPLE DEPENDENT CLAIM PRESENT					+130=		OR	+260=		
* If	* If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL		OR	TOTAL	1592.00
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)					SMALL	OTHER TH. SMALL ENTITY OR SMALL ENT			THAN	
ENT A	a.	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	. 54	Minus	444 .	-='/()	X\$ 9=	90	OR	、X\$18=	
AME	Independent	NITATION OF M	Minus	PENDENT CLAIM	<u>=</u> /	X3 9=	43	OR	X78=	
_	FINOT FRESE	INTATION OF WI	DETTIFE DET	CHDENT CLAIM		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	.
	*	(Column 1)	_	(Column 2)	(Column 3)					
ENT B	200 B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**	=	X\$ 9=		OR	X\$18=	
AME	Independent	NTATION OF M	Minus	PENDENT CLAIM	=	X39=		OR	X78=	
	THOTTHEOL	ATTO TO THE	JETH LE DE	ENDERT GEAR		+130=		OR	+260=	
						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Column 2)	(Column 3)					
ENT C		CLAIMS REMAINING AFTER AMENDMENT	8	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	•	Minus	**	=	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***	=	X39=	<u> </u>		X78=	
	FIRST PRESE	NTATION OF M	ULTIPLE DEI	PENDENT CLAIM		739=		OR	A/6=	
	If the enter in eather	mn 1 is less that t	oo ontre in activ	imp 2 weits "O" is as		+130=		OR	+260=	
	If the "Highest Nu	mber Previously Pa	aid For IN THI	mn 2, write "0" in co S SPACE is less tha	ın 20, enter "20."	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
				S SPACE is less that Independent) is the						

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	63847
	

Total Fee Calculation

		10(2)	i i cc	Carcar	11100	•			
	Fee Cade	Taul # Claims		Number Ettra	X	Fee	Fee	<u>.</u>	Tatal
	Տատեց,	•				Sm. Entity	Lg. Entiry		~^ [©]
Busic Filing Fee	201/101 · ·							•	690
Total Claims >20	203/103	44		<u>24 </u>	х			•	432000
Independent Claum: >)	207/102	9	-1 -	6	×			•	46000
Mult. Dep Claim Present	204/10/4						-	•	
Surcharge	205/105	•						•	13000
English Translation	139								
TOTAL FEE CALCULA	KTION								
Fees due upon filing d	he application.							-	
Total Filing Fees Due	= s <u>17</u>	20 [∞]							
Less Filing Fees Subm	sined : .s /								

BALANCE DUE = 5 1720

Office of Initial Patient Examination